



association of family
health teams of ontario

FHT-MOHLTC Contract Renewal

January 27th, 2017

11:30am –1:30 pm



Context

- The funding agreement between the Ministry and Ontario's 184 FHTs expired on March 31st, 2016, but was extended for one year to March 31st, 2017.
- In parallel, the ministry is also considering amendments to physician Patient Enrolment Model (PEM) contracts to enhance access and accountability
- The subsequent slides provide a comparison between AFHTO recommendations and the Ministry's proposed contract changes
 - Today's discussion is focused on the contract template.
 - AFHTO is continuing discussions with the Ministry re: co-design of the contract Schedules. We anticipate acquiring further feedback from the work group at a later date.



Contract Renewal Process

- Ministry has solicited feedback from the following stakeholders:
 - Ontario Medical Association
 - Association of Family Health Teams of Ontario
 - ❖ AFHTO presented the Ministry with a summary of recommendations provided by members during the Leadership Session at the October 2016 AFHTO Conference
 - Association of Ontario Health Centres
- AFHTO's ED work group will review potential changes and provide further direction and feedback to the Ministry as needed (January)
- Ministry/AFHTO joint webinar to review changes with AFHTO membership (TBD)
- AFHTO will seek independent legal review on the draft contract utilizing the funds members voluntarily contributed to the Legal and Consulting Fund (February/March)
- Current FHT-MOHLTC contracts will be extended to allow sufficient time to transition to the new contracts (6 months to a year??)



Guiding Principles - MOHLTC

The Ministry's approach to FHT contract renewal is guided by the following key principles:

Alignment with government commitments:

- Aligns with the governments primary care commitment and Patient First implementation activities and potential changes to the physician contracts

Accountability

- Ensuring boards are structured to improve governance, ensuring an appropriate enforcement regime to hold providers accountable for ensuring that the services they deliver are meeting the needs of patients.

Performance Management

- Meaningful data is needed to support the objective assessment of the quality and timeliness of care and to ensure that resources are being allocated and used appropriately
- Improved performance management and physician-FHT affiliation will lead to improved patient experience.

Guiding Principles & Themes - AFHTO

AFHTO's approach to FHT contract renewal, following input from the membership is guided by the following key principles & Themes:

Governance + Accountability principles: that members had agreed on at the 2014 Leadership Session.

Recognize the three-way relationship: Ministry-FHT, Ministry-FHO, FHT-FHO – each of these relationships impacts the others

Culture has more impact than structure: Must be aware of culture and support evolution of that culture. Contracts can't mandate cultural change, and could impede it.

Proposed Contract Changes: Comparison

Key Themes

- Modernizing FHT Governance
- Physician Affiliation / Fostering Team Work
- Accountability
- Enhancing Patient Centredness



THEME: GOVERNANCE

Strengthen governance-related requirements to improve accountability and engagement, and to reduce the risk of major issues (e.g. conflict of interest)

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
<p>There are currently three governance models with three separate contract templates</p> <p>None of the current governance models are required to reflect the skills needed to effectively govern</p> <p>Audit findings demonstrate weak board governance exists</p> <p>High potential for conflict of interest for physician led boards (which constitute the majority)</p>	<p>- In place of three templates for Ministry-FHT contracts (for physician, community and mixed governance) move to one standard contract template, regardless of board makeup, with appropriate schedules to address specific circumstances such as blended salary model payment for physicians, hospital governance, university involvement, etc.</p> <p>- To foster greater consistency across all FHTs, contract should include the items listed in the Governance and Compliance Attestation as minimum standards for governance.</p>	<p>- Require FHT boards to be skill-based in their composition; transition from three agreements, currently defined by board composition, into one agreement for all FHTs. (e.g. skills: financial, risk management, human resources, planning, program development, and clinical skills)</p> <p>- Strengthen conflict of interest provisions to ensure conflict at the governance level is managed appropriately and incorporated into Board by-laws.</p>	<p>High</p>

THEME: GOVERNANCE

Strengthen governance-related requirements to improve accountability and engagement, and to reduce the risk of major issues (e.g. conflict of interest)

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
Some FHTs are either not incorporated or are governed at arms length by band councils	N/A	Require all FHTs to incorporate as non-profits consistent with the Ontario Not-for-Profit Corporations Act 2010, unless otherwise exempted by the ministry.	N/A
Limited or no requirements for community input regarding needs, priorities, etc.		Require all FHTs to have a formal mechanism to include patient and community input into FHT planning and priorities , including input from the Local Health Integration Network(s) within which the FHT is situated.	N/A

THEME: PHYSICIAN AFFILIATION / FOSTERING TEAM WORK

Ensure that FHT services are better utilized and better integrated with physician services

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
<p>While Physician-Led and Mixed FHTs are affiliated with a physician group, there are no terms in place that require physicians to collaborate with the FHT, use FHT resources, or participate in FHT initiatives</p> <p>(There are currently more than 2,800 physicians affiliated with the 184 FHTs)</p>	<p>Culture is a key factor in teamwork, and it's difficult to mandate. Where there is mutual willingness to do so, by both the FHT and physician group, encourage FHT Boards to work through the development of a framework or MOU. The option to have an MOU may:</p> <ul style="list-style-type: none"> - Prompt FHT boards to have open discussions with their physician groups to clarify, agree and write down expectations regarding roles and how the FHT and its associated physician groups work together. - Foster participation in Data to Decisions (D2D), Schedule A planning + measurement, and Quality Improvement Plans to strengthen common purpose. 	<p>Require the FHT Board to secure a commitment from its affiliated physician group to participate in the development and implementation of the FHT's Quality Improvement Plan, consistent with the 2012 commitment with the ministry and the OMA. (i.e. with the terms of the 2012 OMA Agreement (PSA) in which the OMA and ministry agreed to expand the government's Primary Health Care quality agenda to Family Health Team's*</p>	<p>Medium</p>
<p>FHT boards do not have any authority over physicians – individually or as groups. At present, collaboration is based on goodwill.</p>	<p>Given that FHT boards have no authority over physician groups, contract should not hold FHT boards accountable for physician performance.</p> <p>Aim to achieve greater alignment in the agreements between Ministry-FHT, Ministry-physicians and FHT-physicians.</p>	<p></p>	<p>High</p>

***2012 PSA states:** “The parties recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centered, population health focused and safe. **The Parties agree to expand the government’s Primary Health Care quality agenda to Family Health Teams, Aboriginal Health Access Centres and Community Health Centres.** Other primary health care providers shall be welcomed to participate on a voluntary basis. **The Parties will collaborate in developing the plan, rollout and implementation of the Primary Health Care quality agenda. This collaboration will include: the development of annual quality improvement plans, indicator development, development of patient experience surveys and public reporting”.**

THEME: ACCOUNTABILITY

Strengthen FHT mandate + performance measures and align them with other provincial primary care strategy

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
Contracts do not describe the overarching mandate and goals of the FHT	N/A	Include a statement of goals within the FHT contract to guide Boards in their decisions and to achieve less variation in the model of care. These goals would coincide with an over-arching strategy for primary care, which at a minimum would include the following features: <ul style="list-style-type: none"> - Care that is centred on the person; - A provider or team responsible for each patient; - A collaborative, team based approach to care shared through EMR - Timely access; - Continuous and comprehensive care - Research, quality improvement and education 	N/A
The contract does not specify what services FHTs are expected to provide	Contracts should articulate the scope of the team's responsibility, in terms of population to be served. The definition must be flexible so that each contract is reasonable and suitable for each FHT	Require FHTs to deliver programs based on a community needs assessment , in consultation with the Local Health Integration Network(s) where the FHT is situated;	Medium

THEME: ACCOUNTABILITY

Strengthen FHT mandate + performance measures and align them with other provincial primary care strategy

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
<p>Performance measures focus on inputs and outcomes (e.g. volumes) rather than outcomes</p>	<p>Reporting must be meaningful, manageable and avoid duplication:</p> <ul style="list-style-type: none"> - Articulate process to evolve reporting requirements - Much of this follows from accountability principles that members had agreed on at the 2014 Leadership Session. <p>Board accountability must be aligned with their authority</p> <ul style="list-style-type: none"> - Contract must acknowledge accountability of Ministry + LHINs to align policy and funding with performance expectation - Revise out-of-date sections that tie funding to patient enrollment commitments (sec.3.9 in physician-sponsored and mixed contracts) 	<ul style="list-style-type: none"> - In supporting schedules to the contract, incorporate standardized measures/indicators related to outcomes and establish associated reporting requirements. <ul style="list-style-type: none"> - Include requirement for FHT to submit Quality Improvement Plan annually to Health Quality Ontario and Ministry of Health and Long Term Care 	<p>TBD... based on measures that end up in contract!!!</p> <p>High</p>

THEME: ACCOUNTABILITY

Strengthen FHT mandate + performance measures and align them with other provincial primary care strategy

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
Contract doesn't reflect population based approach to care	<p>Contract should continue to define the FHT's accountability in terms of "rostered patients".</p> <ul style="list-style-type: none"> - could add responsibility for the FHT to participate in sub Region planning and collaborate with partners to arrange services for patients most in need. - "spread" not "stretch" access (i.e. waits and quality of care can't be allowed to deteriorate). Where the FHT is willing and able to be accountable for the sub Region population, this could be articulated in the contract. 	<p>Require FHTs to deliver programs based on a community needs assessment, in consultation with the Local Health Integration Network(s) where the FHT is situated;</p> <p>The FHT is required to participate in Sub-LHIN region initiatives including Health Human Resource planning;</p>	Medium
The ultimate penalty for breach of contract is termination	<p>Advocate for a dispute resolution mechanism to be spelled out in the contract (as is currently in place for hospital accountability agreements) to guard against unreasonable unilateral action by funder.</p>	<p>Enhance existing enforcement provisions in the agreement to improve monitoring and disciplining of teams:</p> <ul style="list-style-type: none"> - Define graduated penalties (e.g. from warnings to reduced funding, audit, or termination) for FHTs who preform poorly or breach agreement terms 	Medium

THEME: ENHANCING PATIENT CENTREDNESS

Strengthen FHT contract language to enhance focus on patient centered care delivery

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
Access Requirements	N/A	The FHT must ensure stable and fixed hours of operation to allow for patient access and predictability;	N/A
	N/A	The FHT must ensure patients with urgent health conditions have the ability to receive service within 48 hours of contacting the FHT;	N/A
	N/A	The FHT is encouraged to address the linguistic and cultural needs of the population being served, where possible, and to address health equity through efforts to reduce health disparities through primary care programs, services and partnerships	N/A
	The contract could add responsibility for the FHT to participate in sub Region planning and collaborate with partners to arrange services for patients most in need.	Embed the requirement to participate in Sub-LHIN region initiatives including Health Human Resource Planning.	Medium

THEME: ENHANCING PATIENT CENTREDNESS

Strengthen FHT contract language to enhance focus on patient centered care delivery

Issue	AFHTO recommendations	Ministry Proposed Changes	Degree of Alignment
Information Sharing Requirements	N/A	The FHT must ensure that patients are made aware of hours of operation through clearly visible clinic signage, voicemail, patient pamphlets, practice website and other means;	N/A
	N/A	The FHT must have an email address that patients can contact for inquiries and complaints	N/A

Feedback ?